

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Mila</u> State <u>Arizona</u>		State File No. <u>190</u> Registered No. <u>198</u>	
District or Township		City <u>Miami</u> No. _____		St. _____ Ward _____	
2. FULL NAME <u>Jewell C. O'Rell</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number),			
(a) Residence, No. <u>24 Pine Oak</u>		(Usual place of abode)		St. _____ Ward _____	
Length of residence in city or town where death occurred		yrs. <u>9</u> mos. _____		How long in U. S. if of foreign birth? yrs. _____ mos. _____	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>Feb 24 - 1925</u>					
7. AGE	Years <u>9</u>	Months _____	Days _____	IF LESS than 1 day _____ hrs. _____ or _____ min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Infant</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Miami</u> (State or country) <u>Ariz</u>					
10. NAME OF FATHER <u>J. C. O'Rell</u>					
11. BIRTHPLACE OF FATHER (city or town) <u>Kentucky</u> (State or country) <u>Kentucky</u>					
12. NAME OF MOTHER <u>Martha Jacobson</u>					
13. BIRTHPLACE OF MOTHER (city or town) <u>Mexico</u> (State or country) <u>Mexico</u>					
14. Informant <u>J. C. O'Rell</u> (Address) <u>Miami</u>					
15. Filed <u>Nov 23, 1928</u> <u>L. E. Irvin</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Nov 23</u> 19 <u>28</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>11-23-1928</u> to <u>11-23-1928</u> that I last saw him alive on <u>11-23-1928</u> and that death occurred, on the date stated above, at <u>3:30</u> p. m. The CAUSE OF DEATH* was as follows: <u>Embolism (Pulmonary)</u>					
(duration) _____ yrs. _____ mos. _____					
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____					
18. Where was disease contracted If not at place of death? _____					
Did an operation precede death? <u>no</u> Date of <u>none</u>					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? <u>none</u>					
(Signed) <u>C. M. Cron</u> M. D. <u>11-23</u> 19 <u>28</u> (Address)					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Duncan Arizona</u>			DATE OF BURIAL <u>Nov. 24, 1928</u>		
20. UNDERTAKER <u>J. Hey Miles</u>			ADDRESS <u>Miami</u>		